

“Ensuring Continuity of Care for VA Amputees: The Role of Independent Prosthetic Contractors”

Hearing held July 16, 2008

Written Statement from
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I would like to express my gratitude to Congressman David Davis for the privilege and honor to address this Committee. In turn I would like to praise this committee for its dedication and pursuit of excellence.

Practitioner History/Background

I entered the Orthotic and Prosthetic field in direct result of my late father Rev. Wayne Smith. He incurred a below knee amputation in 1991 secondary to a diabetic wound on the plantar surface of his right foot. He was a veteran from his service with the United States Coast Guard. The amputation took place at the VA Hospital in Miami, Florida. It was the VA's precise and immediate care of amputation and provision of a prosthesis that not only saved his life but restored him to the role of father, husband, Pastor & friend. The restoration of his life amazed and intrigued me enough to enter the Orthotic and Prosthetic field. In 1992, I started my education and it continues to this very day.

It is a privilege to work in a field that challenges me on a daily basis. This is a rare occupation that not only provides income for my family, but also allows me to use my God given talents in a variety of ways. A certified Orthotist/ Prosthetist has to be creative, inventive, artistic, compassionate, hard working and possess the ability to solve problems. In addition, I experience on a daily basis the reward of restoring someone to walk, run, work and contribute to society. I take this position very seriously and wouldn't want to do anything else.

Veterans Hospital Participation

I am currently the President and co-owner of Victory Orthotics and Prosthetics, Inc. We are located in the Northeast Region of Tennessee. Victory opened for business in Johnson City, in October 2001 with two full time employees. We currently have three locations with 19 full time employees.

We service several hospitals and physicians in the Tri-Cities region. Included in our area of care, is the VA Hospital at Mountain Home, Tennessee. This VA campus is within the city of Johnson City. I attend a weekly orthotic and prosthetic clinic at Mountain Home.

This clinic is set up as a team approach to care. In regular attendance at this clinic is the Medical Director, Dr. Blankenship who is a physician of Rehab medicine, a Kinesiologist, Physical Therapist, the VA's Prosthetic Representative and several contracted orthotists and prosthetists.

The clinic receives patients from various medical practitioners within the VA system. These referral sources generally make a recommendation of the Orthotic and Prosthetic device needed for the referred veteran. However, as a team we review the patient's medical history, function level, diagnosis and complete a physical exam of the extremity or area involved. Based on these factors, the team as a whole decides on the prosthesis or orthosis to best treat the referred veteran. Once this process is complete, the veteran exits the room with the prosthetic representative the veteran chooses a contracted provider to evaluate and provide the prescribed device. After the prescribed device has been fabricated and fit, the device is then taken to the VA for final delivery. This process ensures quality of care & functional outcome.

I've explained this process because from my understanding this process is not in force for each VA facility. I have participated in several clinics and the team approach to prosthetic care is very efficient and is in the best interest of the patient. Although this process is very effective, there is always room for improvement. With this in mind here a few shortcomings of this clinical model.

1 Pre Amputation Counseling

Pre-amputation counseling rarely occurs within the VA system. The loss of a limb can be very traumatic to the patient as well as his or her family. Although no one can completely ease the mind of the pre-amputee, it helps to inform the patient of the prosthetic process & post surgery issues. This can be accomplished through a joint effort from physician, therapist and prosthetist. I recommend written and pictorial information to be given to the family and patient. This information should include post-op pain, phantom pain, depression, rehab, transfer methods, exercises, fall pre-cautions etc. It is also very helpful to have a peer counselor. An amputee that has been trained in peer counseling can greatly ease the mind of a potential amputee and their families. At times they do not even have to say anything but walk in the room with a functional prosthesis.

This pre-op care can also include the consultation from a prosthetist to the surgeon in terms of amputation level and procedure. Why not consult the professionals that treat these amputees for the rest of their lives before removing the affected limb? When given the opportunity to plan the amputation procedure various options arise. For instance the physician and the prosthetist can discuss amputation levels with the patient to address functional and cosmetic advantages and disadvantages of various amputation procedures. This allows the patient some input in his or her care and future prosthetic use.

2 Immediate Post-op Care

Immediate post op care has several advantages: protection, optimal healing position,

edema control, and positive mental benefit for the patient. Immediate post-op care can occur in a variety of methods.

For example:

- a. Post-op care can include the application of an immediate post-op prosthesis.
- b. Post-op residual limb protector, the incidence of re-injury to an amputated limb is frequent due to phantom sensation, loss of balance, confusion and instability from anesthesia. These devices are inexpensive & effective.
- c. Post-op prosthetist and/or peer counseling. This is not only informative for the patient & his or her family and friends, but can provide a sense of hope in an otherwise uncertain and traumatic situation.

3 Transfer of Medical Records from DOD to VA

I have been advised from the attending physician & staff at the VA Prosthetics Department that they regularly experience extreme difficulty in obtaining medical records. This is most prevalent when a patient has been released from an Acute DOD facility into the VA system. In fact, they recently had a delay of medical records retrieval as projected 6 months post request for those records. This delay occurs for both the hard copy and electronic records. For quality of care and to avoid delays that frustrate our veterans and complicate the rehabilitation process, these delays should be eliminated.

4 Private Contractor Selection

It is unreasonable for a veteran to choose a Prosthetic facility based solely on geographical location, but veterans should be able to choose providers in close proximity to their homes for convenience of care, when those providers are qualified and competent. The veteran should have the assurance that the provider is properly educated, qualified and that he/she has experience adequate to services the specific medical conditions encountered. The contracted providers should be required to have an information packet available to the veteran that includes education, credentials, experience and facility accreditation information.

5 Standard of Care & Sharing of Technology

It would seem reasonable that the level of care & technology utilized in the acute DOD facilities, such as Walter Reed and Brook Army Medical Center, would be readily accessible to the VA staff, and the contracted O&P providers. In the absence of this technology, the VA should look to the private sector and ensure that veterans have access to the very best O&P Facilities and the most current care technologies.

In addition, I would like to see an annual educational symposium with the attendance intended for the DOD facilities, VA Prosthetic staff & the contracted O&P providers.

6 Competition Driven Prosthetic Care

Independent contracted providers exist in a very competitive market outside of the VA system. We are required by our credentialing organizations to maintain continuing education levels. This market is not based on price, but on service and clinical competence. When price is the determining factor, the low bidder wins and service is no longer a consideration in the patient's care and commitments to continuing education sometimes falter. In fact, service may be cut to make the process profitable for the provider. In the private sector, fees are relatively fixed and clinicians are forced to stay current with technology and technique; the level of service provided determines the success/failure of the provider. This type of competition exists in the clinic I attend and ensures a higher level of service and guarantees that the veteran will receive quality care with highest appropriate technology.

An example of my positive experience as a VA contractor and small businessman is apparent in my experiences caring for a veteran with an above knee prosthesis in 2007. For the sake of privacy I will refer to him as "John."

"John" has been an amputee since 1971. He incurred a traumatic amputation which left him with a very short above knee residual limb (4 inches). The trauma of losing a limb & the difficulty he experienced using an ill fitting prosthesis had him contemplating suicide. However he came to grips with his situation and has used a prosthesis ever since. When we first evaluated him his residual limb was bloody, extremely painful and he had severe low back pain. He commonly had to refrain from activities that required a lot of physical exertion. However, given the fact that he owned a farm required him to participate in strenuous activities. The days following those activities forced him to remove the limb for several days until the limb healed. He repeated this painful cycle over & over again for the past 37 years.

Our desire to provide the highest technology the best possible care led us to attend an educational event that taught a method of socket design that far exceeds anything we had used in the past, the Negative Pressure Socket or NPS. In short, we fabricated & fit "John" with an NPS style socket that has forever changed his life. He wears the limb each & every day, his residual limb is healthy and pain free, and most importantly he returned to work on his farm, provides for his family and improved his sense of self-worth tremendously

Imagine the benefit for this man to live without pain & the frustration of completing daily simple activities. We also cannot dismiss the money saved by our veterans system and the taxpayers that fund this system, by alleviating pain medication and additional medical procedures for the balance of his life.

This story was not told to invoke recognition on my part. However it illustrates the immense value and importance of the VA small business contracting system..

Summary

In summation, I am proud to be a contracted provider in the VA system. This is a great system and in my region it works very well. However, the veterans we treat have risked their very lives and sacrificed their limbs.. They deserve the highest level of care and expertise we can offer. Battlefield medical advancements have saved many lives that would have been lost in previous conflicts. The results are more severely wounded soldiers and more complex amputees to provide care for.

These wounded soldiers deserve every advantage to restore them to be productive sons, daughters, fathers, mothers and whatever they desire to be. We owe it to them to create and maintain a system of contracting that serves them well.

I hope my input will benefit our veterans and the clinicians entrusted to their care. In addition, I hope this information instills a sense of duty and perseverance in the legislators facing the fight to curb expenses while producing legislation that meets the needs of our veterans..

Christian T. Z. Smith
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Born October October 5,1968

Certifications

Dual certification in Orthotics & Prosthetics
Certified by both
American Board for Certification
Board for Orthotist Prothetist Certification

Professional Affiliations

Member of
American Academy of Orthotist & Prosthetist
American Orthotic & Prosthetic Association

Education

Graduate of the former Median school of Allied Health Careers
Orthotic & Prosthetic Technology Program
Undergraduate work at
East Tennessee State University

Penn State University
Westmoreland College

Employment

Certified Orthotist Prosthetist
President of Victory Orthotics & Prosthetics Inc.